

PATENT APPLICATION FEE DETERMINATION RECORD

Entered December 8, 2004

Application or Docket Number

10/535216

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| U.S. NATIONAL STAGE FEES | | | |
|----------------------------------|---|--|--------------------------|
| BASIC FEE | SMALL ENT. = \$ 150 | LARGE ENT. = \$ 300 | |
| EXAMINATION FEE | Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100 | All other situations = \$ 100 / \$ 200 | |
| SEARCH FEE | U.S. Is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400 | All other situations = \$ 250 / \$ 500 | |
| FEE FOR EXTRA SPEC. PGS. | minus 100 = | / 50 = | |
| TOTAL CHARGEABLE CLAIMS | 4 minus 20 = | | |
| INDEPENDENT CLAIMS | 1 minus 3 = | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | <input type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

| SMALL ENTITY TYPE | OR | OTHER THAN SMALL ENTITY |
|-------------------|-----|-------------------------|
| RATE | Fee | RATE |
| BASIC FEE | | BASIC FEE |
| EXAM. FEE | | EXAM. FEE |
| SEARCH FEE | | SEARCH FEE |
| X \$ 125 = | | X \$ 250 = |
| X \$ 25 = | | OR X \$ 50 = |
| X \$ 100 = | | OR X \$ 200 = |
| +\$ 180 = | | OR + \$ 360 = |
| TOTAL | | OR TOTAL |

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|-------------|---|-------|---|--------------------------|
| | | Minus | ** | = | — |
| | Total | 4 | Minus | 20 | = |
| | Independent | 1 | Minus | 3 | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | <input type="checkbox"/> |

| SMALL ENTITY | OR | OTHER THAN SMALL ENTITY |
|---------------------|------------------------|----------------------------|
| RATE | ADDI- TIONAL FEE | RATE |
| X \$ 25 = | | X \$ 50 = |
| X \$ 100 = | | X \$ 200 = |
| +\$ 180 = | | +\$ 360 = |
| TOTAL ADDIT. FEE | | TOTAL ADDIT. FEE |

| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|-------------|---|----|---|--------------------------|
| | | Minus | ** | = | — |
| | Total | | | | |
| | Independent | | | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | <input type="checkbox"/> |

| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|---------------------|------------------------|
| X \$ 25 = | | X \$ 50 = | |
| X \$ 100 = | | X \$ 200 = | |
| +\$ 180 = | | +\$ 360 = | |
| TOTAL ADDIT. FEE | | TOTAL ADDIT. FEE | |

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.